

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FLILING DATE

09 / 7 6 2 5 3 3 2 1

APPLICANT(S)

EST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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7						
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10						
11			1			
12				1		
13				1		
14				1		
15				3		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			21			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS